

posted OK

30-A
R.C. 3517.10

FILED

05 APR 20 PM 12:15

Ohio Campaign Finance Report

FRANKLIN COUNTY
BOARD OF ELECTIONS

Prescribed by Secretary of State 02/01

| | | | | | | | | | |
|--|-------------|--|---|--|-------------|--|--------------|--------------------------|-------------|
| Full Name of Committee Citizens for Dorrian Committee | | | | | | Registration Number, if PAC | | | |
| Full Name of Candidate Hugh J. Dorrian | | | | | | | | | |
| Street Address 425 Derrer Rd. | | | | | | Office Sought City Auditor | | District | |
| City Columbus | | | | | | State O H | | Zip Code 43204 | |
| Type of Report (Check X in the appropriate box) X | Pre-Primary | | Post-Primary | | Pre-General | | Post-General | | Annual Year |
| | July | | August | | September | | | | |
| | Monthly | | Monthly | | Monthly | | Termination | | |
| Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Date of Election 1 1 0 8 0 5 | | | |

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

| | | |
|---|--------------|---|
| 1. Amount reported for pre-primary period | \$ 1,790.32 | ✓ |
| 2. Total primary contributions (from Form DE 3517.10) | \$ 45,955.00 | |
| 3. Total other primary contributions (from Form DE 3517.10) | \$ 0.01 | ✓ |
| 4. Total funds available from (check 1, 2, 3) | \$ 47,745.33 | |
| 5. Total primary expenditures (from Form DE 3517.10) | \$ 19,163.46 | ✓ |
| 6. Balance on hand (line 4 minus line 5) | \$ 28,581.87 | |
| 7. Name of primary contribution received (from Form DE 3517.10) | \$ | |
| 8. Value of primary contribution made (from Form DE 3517.10) | \$ | |
| 9. Contribution made monthly (from Form DE 3517.10) | \$ | |
| 10. Contribution made monthly (from Form DE 3517.10) | \$ | |
| 11. Outstanding balance to contributors (from Form DE 3517.10) | \$ | |
| 12. Value of independent expenditures made (from Form DE 3517.10) | \$ | |
| 13. Total independent expenditures made (from Form DE 3517.10) | \$ | |
| Sum of lines 1, 2 and amount of any other funds received (add line 6) | \$ | |

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Robert L. McDaniel Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Robert L. McDaniel

04/20/05

Date

Contribution
pages **17**

Expenditure
pages **5**

Other
pages **15**

Total
pages **37**

Statement of Contributions Received

Prescribed by Secretary of State 2/01

| | | | | | | | |
|---|-------------------|--|---------------|---------------|---------------|--|--|
| Name of Committee in Full Citizens for Dorrian Committee | | | | | | | |
| Full Name of Contributor Contributions form form No. 31 E | | | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) 45705.00 | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor National City Corporation | | | | | | Registration Number, if PAC CP 256 | |
| Street Address 1900 E Ninth St | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| City Cleveland | State O | Zip Code H 44114 | M 0 | D 2 | Y 2 | Amount 250.00 | |
| | | | | | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ **45,955.00**

Statement of Other Income

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | |
|--------------------------------|-------|----------|-----------------------------|---|---|
| Citizens for Dorrian Committee | | | | | |
| Full Name | | | Registration Number, if PAC | | |
| Planks Café | | | | | |
| Address | Type* | | M | D | Y |
| 743 Parson Ave | R E | | 1 | 2 | 3 |
| City | State | Zip Code | | | |
| Columbus | O H | 43206 | | | |
| | | | Form(Cash,Check,etc) | | |
| | | | adj. | | |
| Full Name | | | Registration Number, if PAC | | |
| | | | | | |
| Address | Type* | | M | D | Y |
| | | | | | |
| City | State | Zip Code | | | |
| | | | | | |
| | | | Form(Cash,Check,etc) | | |
| | | | | | |
| Full Name | | | Registration Number, if PAC | | |
| | | | | | |
| Address | Type* | | M | D | Y |
| | | | | | |
| City | State | Zip Code | | | |
| | | | | | |
| | | | Form(Cash,Check,etc) | | |
| | | | | | |
| Full Name | | | Registration Number, if PAC | | |
| | | | | | |
| Address | Type* | | M | D | Y |
| | | | | | |
| City | State | Zip Code | | | |
| | | | | | |
| | | | Form(Cash,Check,etc) | | |
| | | | | | |
| Full Name | | | Registration Number, if PAC | | |
| | | | | | |
| Address | Type* | | M | D | Y |
| | | | | | |
| City | State | Zip Code | | | |
| | | | | | |
| | | | Form(Cash,Check,etc) | | |
| | | | | | |
| Full Name | | | Registration Number, if PAC | | |
| | | | | | |
| Address | Type* | | M | D | Y |
| | | | | | |
| City | State | Zip Code | | | |
| | | | | | |
| | | | Form(Cash,Check,etc) | | |
| | | | | | |
| Full Name | | | Registration Number, if PAC | | |
| | | | | | |
| Address | Type* | | M | D | Y |
| | | | | | |
| City | State | Zip Code | | | |
| | | | | | |
| | | | Form(Cash,Check,etc) | | |
| | | | | | |
| Full Name | | | Registration Number, if PAC | | |
| | | | | | |
| Address | Type* | | M | D | Y |
| | | | | | |
| City | State | Zip Code | | | |
| | | | | | |
| | | | Form(Cash,Check,etc) | | |
| | | | | | |

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 0.01

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | | | | | | |
|--|--|------------------------------|--|------------------------------------|--|-----------------------------|---|---|--------|---|---|-----------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | | | | | | | | | |
| To Whom Paid Ohio Ethics Commision | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 1 | 2 | 0 | 0 | 5 | 25.00 |
| Address 8 E Long St | | | | Purpose Fees | | | | | | | | |
| City Columbus | | State O H | | Zip Code 43215 | | Check Number 2115 | | | | | | |
| To Whom Paid Franklin County Board of Election | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 1 | 2 | 6 | 0 | 5 | 45.00 |
| Address 280 E Broad St | | | | Purpose Fees | | | | | | | | |
| City Columbus | | State O H | | Zip Code 43215 | | Check Number 2116 | | | | | | |
| To Whom Paid Weinsenbach Speciality Printing | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 1 | 3 | 1 | 0 | 5 | 310.00 |
| Address 437 Holtzman Ave., | | | | Purpose Stationary | | | | | | | | |
| City Columbus | | State O H | | Zip Code 43205 | | Check Number 2118 | | | | | | |
| To Whom Paid St. Charles Preparatory School | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 1 | 3 | 1 | 0 | 5 | 25.00 |
| Address 2010 E Broad St. | | | | Purpose Advertising | | | | | | | | |
| City Columbus | | State O H | | Zip Code 43209 | | Check Number 2119 | | | | | | |
| To Whom Paid Postmaster | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 2 | 0 | 1 | 0 | 5 | 74.00 |
| Address | | | | Purpose Stamps | | | | | | | | |
| City | | State O H | | Zip Code 43215 | | Check Number 2120 | | | | | | |
| To Whom Paid Hugh J. Dorrian | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 2 | 0 | 3 | 0 | 5 | 3,000.00 |
| Address 999 Birchmont Rd | | | | Purpose Loan Repaid | | | | | | | | |
| City Columbus | | State O H | | Zip Code 43220 | | Check Number 2121 | | | | | | |
| To Whom Paid Clintonville Area Commision | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 2 | 0 | 4 | 0 | 5 | 45.00 |
| Address 4219 N High St. | | | | Purpose Commision Dinner | | | | | | | | |
| City Columbus | | State O H | | Zip Code 43214 | | Check Number 2122 | | | | | | |
| To Whom Paid Expenditures from form 31-F | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 1 | 2 | 7 | 0 | 5 | 12,583.25 |
| Address | | | | Purpose | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | | |

Page Total \$ 16,107.25

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | | | | | | |
|--|--|--|--|------------------------------------|--|--------------------------|---|-----------------------------|--------|---|---|----------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | | | | | | | | | |
| To Whom Paid AMEX | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 2 | 1 | 5 | 0 | 5 | 67.04 |
| STE 0001 | | | | Purpose Business Lunches | | | | | | | | |
| City Chicago | | | | State I L | | Zip Code 60079 | | Check Number 2125 | | | | |
| To Whom Paid 0 FCDP | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 2 | 1 | 7 | 0 | 5 | 1,000.00 |
| Address 222 E Town St | | | | Purpose Dinner | | | | | | | | |
| City Columbus | | | | State O H | | Zip Code 43215 | | Check Number 2126 | | | | |
| To Whom Paid Franklin County Democratic Party | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 0 | 3 | 0 | 5 | 75.00 |
| Address 222 E Town St | | | | Purpose Dinner | | | | | | | | |
| City Columbus | | | | State O H | | Zip Code 43215 | | Check Number 2128 | | | | |
| To Whom Paid Ohio State University | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 0 | 3 | 0 | 5 | 824.00 |
| Address Columbus | | | | Purpose Football Tickets | | | | | | | | |
| City Columbus | | | | State O H | | Zip Code 43215 | | Check Number 2129 | | | | |
| To Whom Paid CME Visa | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 1 | 6 | 0 | 5 | 68.74 |
| Address 365 S Front St | | | | Purpose Business Lunches | | | | | | | | |
| City Columbus | | | | State O H | | Zip Code 43215 | | Check Number 2130 | | | | |
| To Whom Paid AMEX | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 1 | 6 | 0 | 5 | 117.26 |
| Address STE 0001 | | | | Purpose Business Lunches | | | | | | | | |
| City Chicago | | | | State I L | | Zip Code 60079 | | Check Number 2131 | | | | |
| To Whom Paid Whetstone Post Prom Party | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 2 | 5 | 0 | 5 | 50.00 |
| Address 76 Acton Rd | | | | Purpose Adversting | | | | | | | | |
| City Columbus | | | | State O H | | Zip Code 43214 | | Check Number 2133 | | | | |
| To Whom Paid Connell Maple Lee Florist | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 4 | 0 | 4 | 0 | 5 | 180.36 |
| Address P.O. Box 330 | | | | Purpose Flowers | | | | | | | | |
| City Lebanon | | | | State P A | | Zip Code 17042 | | Check Number 2135 | | | | |

Page Total \$ 2,382.40

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | | | | |
|--|--|--|--|------------------------------|---|--------------------------|---|-----------------------------|--------|--------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | | | | | | | |
| To Whom Paid St. Stephens Community House | | | | | | M | D | Y | Amount | |
| | | | | | | 0 | 4 | 0 | 5 | 60.00 |
| Address 1500 E 17th Ave | | | | Purpose Luncheon | | | | | | |
| City Columbus | | | | State O | H | Zip Code 43219 | | Check Number 2136 | | |
| To Whom Paid Buckeye Prining | | | | | | M | D | Y | Amount | |
| | | | | | | 0 | 4 | 1 | 2 | 613.81 |
| Address 217 N Grant Ave | | | | Purpose Palm Cards | | | | | | |
| City Columbus | | | | State O | H | Zip Code 43215 | | Check Number 2137 | | |
| To Whom Paid | | | | | | M | D | Y | Amount | |
| | | | | | | | | | | |
| Address | | | | Purpose | | | | | | |
| City | | | | State | | Zip Code | | Check Number | | |
| To Whom Paid | | | | | | M | D | Y | Amount | |
| | | | | | | | | | | |
| Address | | | | Purpose | | | | | | |
| City | | | | State | | Zip Code | | Check Number | | |
| To Whom Paid | | | | | | M | D | Y | Amount | |
| | | | | | | | | | | |
| Address | | | | Purpose | | | | | | |
| City | | | | State | | Zip Code | | Check Number | | |
| To Whom Paid | | | | | | M | D | Y | Amount | |
| | | | | | | | | | | |
| Address | | | | Purpose | | | | | | |
| City | | | | State | | Zip Code | | Check Number | | |
| To Whom Paid | | | | | | M | D | Y | Amount | |
| | | | | | | | | | | |
| Address | | | | Purpose | | | | | | |
| City | | | | State | | Zip Code | | Check Number | | |
| To Whom Paid | | | | | | M | D | Y | Amount | |
| | | | | | | | | | | |
| Address | | | | Purpose | | | | | | |
| City | | | | State | | Zip Code | | Check Number | | |

Statement of Loans Received

Prescribed by Secretary of State 2/01

| | | | | | | | | | | | | | | | | | |
|---|--|--------------------|---|--------------------------|---|----------------------------|---|--------|---------|----------------------|---|--|----|---|---|--|---------|
| Full Name of Committee Citizens for Dorrian Committee | | | | | | | | | | | | | | | | | |
| From Whom Received Hugh J. Dorrian, candidate | | | | | | | | | | Prior Amount | | Amt. Incurred this Period 3,000.00 | | | | | |
| Address 999 Birchmont Rd. | | | | | | | | | | | | Outstanding Balance 0.00 | | | | | |
| City Columbus | | State OH | | Zip Code 43220 | | Loans Received This Period | | | | Payments This Period | | | | | | | |
| | | | | | | Date | | Amount | | Date | | Amount | | | | | |
| Date loan was originally incurred | | M | D | Y | M | D | Y | \$ | | M | D | Y | \$ | | | | |
| | | 1 | 1 | 2 | 9 | 0 | 4 | | 3000.00 | 0 | 2 | 0 | 3 | 0 | 5 | | 3000.00 |
| Registration Number, if PAC | | | | | M | D | Y | | | M | D | Y | | | | | |
| Employer/Occupation/Labor Organization* | | | | | M | D | Y | | | M | D | Y | | | | | |
| City Auditor- City of Columbus | | | | | | | | | | | | | | | | | |
| From Whom Received | | | | | | | | | | Prior Amount | | Amt. Incurred this Period | | | | | |
| Address | | | | | | | | | | | | Outstanding Balance | | | | | |
| City | | State | | Zip Code | | Loans Received This Period | | | | Payments This Period | | | | | | | |
| | | | | | | Date | | Amount | | Date | | Amount | | | | | |
| Date loan was originally incurred | | M | D | Y | M | D | Y | \$ | | M | D | Y | \$ | | | | |
| | | | | | | | | | | | | | | | | | |
| Registration Number, if PAC | | | | | M | D | Y | | | M | D | Y | | | | | |
| Employer/Occupation/Labor Organization* | | | | | M | D | Y | | | M | D | Y | | | | | |
| From Whom Received | | | | | | | | | | Prior Amount | | Amt. Incurred this Period | | | | | |
| Address | | | | | | | | | | | | Outstanding Balance | | | | | |
| City | | State | | Zip Code | | Loans Received This Period | | | | Payments This Period | | | | | | | |
| | | | | | | Date | | Amount | | Date | | Amount | | | | | |
| Date loan was originally incurred | | M | D | Y | M | D | Y | \$ | | M | D | Y | \$ | | | | |
| | | | | | | | | | | | | | | | | | |
| Registration Number, if PAC | | | | | M | D | Y | | | M | D | Y | | | | | |
| Employer/Occupation/Labor Organization* | | | | | M | D | Y | | | M | D | Y | | | | | |

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 3,000.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 3,000.00 (also report on Form 31-B)
- 4 Total Outstanding Balance \$ 0.00 (To Form No. 30-A)

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | |
|--|--|--------------------------|---|-------------------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | |
| Full Name of Contributor Guy Amicon | | | Registration Number, if PAC | |
| Street Address 6005 Alkire Rd | Employer/Occupation/Labor Organization* City of Columbus | | M D Y 0 1 1 0 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43119 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Richard Pfeiffer Jr. | | | Registration Number, if PAC | |
| Street Address 238 E. Royal Forest | Employer/Occupation/Labor Organization* City of Columbus | | M D Y 0 1 1 0 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43214 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Thomas Isaacs | | | Registration Number, if PAC | |
| Street Address 1197 Three Forks Dr. | Employer/Occupation/Labor Organization* City of Columbus | | M D Y 0 1 1 2 0 5 | Amount 100.00 |
| City Westerville | State O H | Zip Code 43081 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Don L. Brown | | | Registration Number, if PAC | |
| Street Address 3921 Lytham Ct. | Employer/Occupation/Labor Organization* Brown & Co CPA LLC | | M D Y 0 1 1 0 0 5 | Amount 250.00 |
| City Upper Arlington | State O H | Zip Code 43220 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Robert Jeffrey | | | Registration Number, if PAC | |
| Street Address 296 Ashbourne Pl. | Employer/Occupation/Labor Organization* Jeffery Co. | | M D Y 0 1 1 1 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43209 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Thomas J. Ayers | | | Registration Number, if PAC | |
| Street Address 488 Clark State Rd | Employer/Occupation/Labor Organization* Not Applicable | | M D Y 0 1 1 2 0 5 | Amount 250.00 |
| City Gahanna | State O H | Zip Code 43230 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Robert J. Weiler | | | Registration Number, if PAC | |
| Street Address 41 S High St Ste 2250 | Employer/Occupation/Labor Organization* The Robert Weiler Co. | | M D Y 0 1 1 3 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,600.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | |
|--|--|----------------------------|--------------------------------------|-----------------------------|---------------------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | | |
| Full Name of Contributor Richard Pieplow | | | | Registration Number, if PAC | |
| Street Address 357 Betz Rd. N. W. | Employer/Occupation/Labor Organization* City of Columbus | | M 0 | D 1 | Y 8 |
| City Lancaster | State O | Zip Code H 43130 | Form(Cash,Check,etc) Check | | Amount 250.00 |
| Full Name of Contributor Robert McLaughlin | | | | Registration Number, if PAC | |
| Street Address 105 W. Plum St. | Employer/Occupation/Labor Organization* City of Columbus | | M 0 | D 1 | Y 9 |
| City Westerville | State O | Zip Code H 43081 | Form(Cash,Check,etc) Check | | Amount 250.00 |
| Full Name of Contributor E. B. Sisson | | | | Registration Number, if PAC | |
| Street Address 100 Urlin Ave. Apt A. 16 | Employer/Occupation/Labor Organization* Not Applicable | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43212 | Form(Cash,Check,etc) Check | | Amount 250.00 |
| Full Name of Contributor John E. Jones | | | | Registration Number, if PAC | |
| Street Address 528 Clark State Rd. | Employer/Occupation/Labor Organization* Not Applicable | | M 0 | D 1 | Y 2 |
| City Gahanna | State O | Zip Code H 43230 | Form(Cash,Check,etc) Check | | Amount 250.00 |
| Full Name of Contributor James P Joyce | | | | Registration Number, if PAC | |
| Street Address 1335 Dublin Rd. Ste 100B | Employer/Occupation/Labor Organization* HR Gray & Assoc | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43215 | Form(Cash,Check,etc) Check | | Amount 5,000.00 |
| Full Name of Contributor Daniel R. Helmick | | | | Registration Number, if PAC | |
| Street Address 2050 Ellington Rd | Employer/Occupation/Labor Organization* SZD Government Adv. | | M 0 | D 1 | Y 5 |
| City Columbus | State O | Zip Code H 43221 | Form(Cash,Check,etc) Check | | Amount 250.00 |
| Full Name of Contributor Mark K. Milligan | | | | Registration Number, if PAC | |
| Street Address P.O. Box 12333 | Employer/Occupation/Labor Organization* Cols/Franklin Affordable | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43212 | Form(Cash,Check,etc) Check | | Amount 1,000.00 |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 7,250.00

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | | |
|--|---|----------------------------|---|---------------|---------------|-------------------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | | | |
| Full Name of Contributor Sally W. Bloomfield | | | Registration Number, if PAC | | | |
| Street Address 3741 Romnay Rd | Employer/Occupation/Labor Organization* Bricker & Eckler LLP | | M 0 | D 1 | Y 7 | Amount 250.00 |
| City Columbus | State O | Zip Code H 43220 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Gregory M Howard | | | Registration Number, if PAC | | | |
| Street Address 3540 Aaron Dr. | Employer/Occupation/Labor Organization* City of Columbus | | M 0 | D 1 | Y 9 | Amount 20.00 |
| City Columbus | State O | Zip Code H 43228 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Thomas Kaplin | | | Registration Number, if PAC | | | |
| Street Address 207 E Desj;er Ave/ | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 1 | Y 8 | Amount 250.00 |
| City Columbus | State O | Zip Code H 43206 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor William Faith | | | Registration Number, if PAC | | | |
| Street Address 340 Clinton Heights Ave | Employer/Occupation/Labor Organization* Collation Homeless Housin | | M 0 | D 1 | Y 5 | Amount 250.00 |
| City Columbus | State O | Zip Code H 43202 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Frank J Cipriano | | | Registration Number, if PAC | | | |
| Street Address 39 E Whitter St | Employer/Occupation/Labor Organization* Intrust Land Development | | M 0 | D 1 | Y 1 | Amount 250.00 |
| City Columbus | State O | Zip Code H 43206 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor John C Rosenberger | | | Registration Number, if PAC | | | |
| Street Address 804 City Park Ave | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 1 | Y 6 | Amount 250.00 |
| City Columbus | State O | Zip Code H 43206 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Plumbers & Pipefitters L.U. 189 | | | Registration Number, if PAC #6220 | | | |
| Street Address 1250 Kinnear Rd. | Employer/Occupation/Labor Organization* | | M 0 | D 1 | Y 8 | Amount 500.00 |
| City Columbus | State O | Zip Code H 43212 | Form(Cash,Check,etc) Check | | | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,770.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | |
|---|---|--------------------------|--|---------------------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | |
| Full Name of Contributor SBC Ohio Employee Political Action Committee | | | Registration Number, if PAC CP-569 | |
| Street Address 150 E Gay St Room 4a | Employer/Occupation/Labor Organization* | | M D Y 0 1 2 0 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Porter Wright Morris & Arthur LLP | | | Registration Number, if PAC | |
| Street Address 41 S High St. | Employer/Occupation/Labor Organization* Attorney | | M D Y 0 1 1 8 0 5 | Amount 1,000.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Build Pac of Central Ohio | | | Registration Number, if PAC OH 135 | |
| Street Address 495 Executive Campus Dr | Employer/Occupation/Labor Organization* | | M D Y 0 1 0 2 0 5 | Amount 1,000.00 |
| City Westerville | State O H | Zip Code 43082 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Bailey Cavalieri LLC | | | Registration Number, if PAC | |
| Street Address 10 W Broad St STE 2100 | Employer/Occupation/Labor Organization* Attorney | | M D Y 0 1 2 4 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Edward P. Ferris | | | Registration Number, if PAC | |
| Street Address 1959 Collingswood Rd | Employer/Occupation/Labor Organization* EP Ferris & Assoc | | M D Y 0 1 2 0 0 5 | Amount 125.00 |
| City Upper Arlington | State O H | Zip Code 43221 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Charles R Santer | | | Registration Number, if PAC | |
| Street Address 1320 McCoy Rd | Employer/Occupation/Labor Organization* Santer Communities | | M D Y 0 1 2 4 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43220 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Joseph A. Ridgeway Jr. | | | Registration Number, if PAC | |
| Street Address 2700 Sherwood Rd | Employer/Occupation/Labor Organization* EP Ferris & Assoc | | M D Y 0 1 2 4 0 5 | Amount 125.00 |
| City Columbus | State O H | Zip Code 43209 | Form(Cash,Check,etc) Check | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 3,000.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | |
|--|---|--------------------------|---|---------------------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | |
| Full Name of Contributor Crabbe Brown & James | | | Registration Number, if PAC | |
| Street Address 500 S Front St STE 1200 | Employer/Occupation/Labor Organization* Attorney | | M D Y 0 1 19 0 5 | Amount 500.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Bricker & Eckler LLP | | | Registration Number, if PAC #OH 821 | |
| Street Address 100 S Third St | Employer/Occupation/Labor Organization* Attorney | | M D Y 0 1 24 0 5 | Amount 5,000.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Donald S. Klco | | | Registration Number, if PAC | |
| Street Address 225 E North Broadway | Employer/Occupation/Labor Organization* Anhueser Busch | | M D Y 0 1 28 0 5 | Amount 100.00 |
| City Columbus | State O H | Zip Code 43214 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor The Huntington Bancshares Inc | | | Registration Number, if PAC HBI-PAC C00165589 | |
| Street Address 41 S High St | Employer/Occupation/Labor Organization* | | M D Y 0 1 11 0 5 | Amount 1,250.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Citizens for Sensenbrenner | | | Registration Number, if PAC | |
| Street Address 3363 Tremont Rd STE 104C | Employer/Occupation/Labor Organization* | | M D Y 0 1 27 0 5 | Amount 500.00 |
| City Columbus | State O H | Zip Code 43221 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Fraternal Order of Police | | | Registration Number, if PAC | |
| Street Address 520 S High St | Employer/Occupation/Labor Organization* | | M D Y 0 1 26 0 5 | Amount 500.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Ronald W Eifert | | | Registration Number, if PAC | |
| Street Address 7052 Lansdowne St. | Employer/Occupation/Labor Organization* Korda Nemeth Engineer | | M D Y 0 1 27 0 5 | Amount 250.00 |
| City Worthington | State O H | Zip Code 43085 | Form(Cash,Check,etc) Check | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **8,100.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | |
|---|---|--------------------------|---|-------------------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | |
| Full Name of Contributor Mary S. Duffey | | | Registration Number, if PAC | |
| Street Address 4740 Hayen Run Rd | Employer/Occupation/Labor Organization* Attorney | | M D Y 0 1 1 2 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43221 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Thomas Meyer | | | Registration Number, if PAC | |
| Street Address 1520 Arlington Ave NW | Employer/Occupation/Labor Organization* State of Ohio | | M D Y 0 1 2 7 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43212 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Wiles Boyle Burkholder & Bringardner | | | Registration Number, if PAC | |
| Street Address 115 W Main St | Employer/Occupation/Labor Organization* Attorney | | M D Y 0 1 2 7 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Paula L Brooks | | | Registration Number, if PAC | |
| Street Address 4585 Benderton Ct | Employer/Occupation/Labor Organization* Franklin County | | M D Y 0 1 2 7 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43220 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Ty Marsh | | | Registration Number, if PAC | |
| Street Address 190 Rustic Pl. | Employer/Occupation/Labor Organization* Chamber of Commerce | | M D Y 0 1 2 7 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43214 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Gideon Development Partners | | | Registration Number, if PAC | |
| Street Address 411 E Town st | Employer/Occupation/Labor Organization* Developers | | M D Y 0 1 2 7 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor William E Poteet | | | Registration Number, if PAC | |
| Street Address 171 Clinton Heights Ave | Employer/Occupation/Labor Organization* City of Columbus | | M D Y 0 1 2 7 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43202 | Form(Cash,Check,etc) Check | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,750.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | |
|--|---|--------------------------|---|-------------------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | |
| Full Name of Contributor A Michael Schwarzwald | | | Registration Number, if PAC | |
| Street Address 357 Whubard Ave | Employer/Occupation/Labor Organization* City of Columbus | | M D Y 0 1 2 7 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Richard A Cordray | | | Registration Number, if PAC | |
| Street Address 4900 Grove City Rd. | Employer/Occupation/Labor Organization* Franklin County | | M D Y 0 1 2 7 0 5 | Amount 250.00 |
| City Grove City | State O H | Zip Code 43123 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Otto Beatty Jr | | | Registration Number, if PAC | |
| Street Address 233 S High St. | Employer/Occupation/Labor Organization* Real Estate | | M D Y 0 1 2 7 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Jerome E Friedman | | | Registration Number, if PAC | |
| Street Address 213 E Oakland Ave | Employer/Occupation/Labor Organization* Ohio State University | | M D Y 0 1 2 7 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43201 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Brunner Firm Co LPA | | | Registration Number, if PAC | |
| Street Address 545 E Town St | Employer/Occupation/Labor Organization* Attorney | | M D Y 0 1 2 7 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Committee For Judge Schneider | | | Registration Number, if PAC | |
| Street Address 865 Macon Alley | Employer/Occupation/Labor Organization* | | M D Y 0 1 2 4 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43206 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor James Mentel | | | Registration Number, if PAC | |
| Street Address 653 Crescent Rd | Employer/Occupation/Labor Organization* Not Applicable | | M D Y 0 1 2 7 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43204 | Form(Cash,Check,etc) Check | |

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,750.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | |
|--|--|----------------------------|-----------------------------|--------------------------------------|---------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | | |
| Full Name of Contributor Eric D Carmichael | | | Registration Number, if PAC | | |
| Street Address 1299 Brookwood Pl | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43209 | Amount 250.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Maryellen O'Shaughnessy | | | Registration Number, if PAC | | |
| Street Address 405 E Town St | Employer/Occupation/Labor Organization* City of Columbus | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43215 | Amount 100.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Ms Mary Jo Hudson | | | Registration Number, if PAC | | |
| Street Address 955 Delaware Ave | Employer/Occupation/Labor Organization* Bailey Cavalleri | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43201 | Amount 150.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Gregory Carr and Associates | | | Registration Number, if PAC | | |
| Street Address 118 E Long St | Employer/Occupation/Labor Organization* N/A | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43215 | Amount 50.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Margory Fadley | | | Registration Number, if PAC | | |
| Street Address 298 Topsfield Rd | Employer/Occupation/Labor Organization* Polis & Simon Realtors | | M 1 | D 2 | Y 7 |
| City Columbus | State O | Zip Code H 43228 | Amount 125.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Stephen P Grassbaugh | | | Registration Number, if PAC | | |
| Street Address 175 S Third St STE 600 | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43201 | Amount 250.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor James A Goodenow | | | Registration Number, if PAC | | |
| Street Address 2128 Tall Timbers Ct | Employer/Occupation/Labor Organization* Cott Systems | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43228 | Amount 250.00 | Form(Cash,Check,etc) Check | |

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,175.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | |
|--|---|--------------------------|--------------------------------------|---------------|-------------------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | | |
| Full Name of Contributor Michael D Long | | | Registration Number, if PAC | | |
| Street Address 5588 Morgan Ct | Employer/Occupation/Labor Organization* SWACO | M 0 | D 1 | Y 2 | Amount 250.00 |
| City Groveport | State O | Zip Code 43125 | Form(Cash,Check,etc) Check | | |
| Full Name of Contributor Dennis Schwallie | | | Registration Number, if PAC | | |
| Street Address 8955 Easton Dr | Employer/Occupation/Labor Organization* Attorney | M 0 | D 1 | Y 2 | Amount 250.00 |
| City Pickerington | State O | Zip Code 43147 | Form(Cash,Check,etc) Check | | |
| Full Name of Contributor Richard Figley | | | Registration Number, if PAC | | |
| Street Address 761 S Third St | Employer/Occupation/Labor Organization* N/A | M 0 | D 1 | Y 2 | Amount 50.00 |
| City Columbus | State O | Zip Code 43206 | Form(Cash,Check,etc) Check | | |
| Full Name of Contributor Edward J Leonard | | | Registration Number, if PAC | | |
| Street Address 4025 Berry Bush Dr | Employer/Occupation/Labor Organization* Franklin County | M 0 | D 1 | Y 2 | Amount 125.00 |
| City Columbus | State O | Zip Code 43020 | Form(Cash,Check,etc) Check | | |
| Full Name of Contributor Raj Rajdhyaaksha | | | Registration Number, if PAC | | |
| Street Address 270 Valley Run Pl | Employer/Occupation/Labor Organization* Hetzler DLZ | M 0 | D 1 | Y 2 | Amount 500.00 |
| City Powell | State O | Zip Code 43065 | Form(Cash,Check,etc) Check | | |
| Full Name of Contributor Julia L. Dorrian | | | Registration Number, if PAC | | |
| Street Address 130 Northridge Rd | Employer/Occupation/Labor Organization* Judge | M 0 | D 1 | Y 2 | Amount 500.00 |
| City Columbus | State O | Zip Code 43214 | Form(Cash,Check,etc) Check | | |
| Full Name of Contributor Bradford M Sprague | | | Registration Number, if PAC | | |
| Street Address 1636 Sherborne Ln | Employer/Occupation/Labor Organization* Bond Consultant | M 0 | D 1 | Y 2 | Amount 250.00 |
| City Powell | State O | Zip Code 43065 | Form(Cash,Check,etc) Check | | |

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,925.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | |
|--|--|--------------------------|--------------------------------------|-----------------------------|---------------------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | | |
| Full Name of Contributor David S Borrer | | | | Registration Number, if PAC | |
| Street Address 4280 Hayden Run Rd | Employer/Occupation/Labor Organization* Borrer Co. | | M 0 | D 1 | Y 2 |
| City Dublin | State O | Zip Code 43017 | Form(Cash,Check,etc) Check | | Amount 500.00 |
| Full Name of Contributor Robert Meyer Jr | | | | Registration Number, if PAC | |
| Street Address 671 Vivian Ct | Employer/Occupation/Labor Organization* Borrer Co. | | M 0 | D 1 | Y 2 |
| City Gahanna | State O | Zip Code 43230 | Form(Cash,Check,etc) Check | | Amount 500.00 |
| Full Name of Contributor Donald A Borrer | | | | Registration Number, if PAC | |
| Street Address 2100 Sheringham Rd | Employer/Occupation/Labor Organization* Borrer Co. | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code 43220 | Form(Cash,Check,etc) Check | | Amount 1,000.00 |
| Full Name of Contributor Douglas Borrer | | | | Registration Number, if PAC | |
| Street Address 5500 Dublin Rd | Employer/Occupation/Labor Organization* Borrer Co. | | M 0 | D 1 | Y 2 |
| City Dublin | State O | Zip Code 43017 | Form(Cash,Check,etc) Check | | Amount 1,000.00 |
| Full Name of Contributor Karen A Winters | | | | Registration Number, if PAC | |
| Street Address 2340 Oxford Rd | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code 43221 | Form(Cash,Check,etc) Check | | Amount 250.00 |
| Full Name of Contributor Gregory W Stype | | | | Registration Number, if PAC | |
| Street Address 2232 Tremont Rd | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code 43221 | Form(Cash,Check,etc) Check | | Amount 250.00 |
| Full Name of Contributor Fredric L Smith | | | | Registration Number, if PAC | |
| Street Address 2474 Danvers Ct. | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code 43220 | Form(Cash,Check,etc) Check | | Amount 250.00 |

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 3,750.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | |
|--|--|--------------------------|--|-------------------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | |
| Full Name of Contributor Alex Shumate | | | Registration Number, if PAC | |
| Street Address 229 Deer Meadow Dr | Employer/Occupation/Labor Organization* Attorney | | M D Y 0 1 2 4 0 5 | Amount 250.00 |
| City Gahanna | State O H | Zip Code 43230 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Steven F. Mount | | | Registration Number, if PAC | |
| Street Address 8701 Robinhood Cir | Employer/Occupation/Labor Organization* Attorney | | M D Y 0 1 2 4 0 5 | Amount 250.00 |
| City Westerville | State O H | Zip Code 43082 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor John Ryan Gall | | | Registration Number, if PAC | |
| Street Address 1300 Huntington Center | Employer/Occupation/Labor Organization* Attorney | | M D Y 0 1 2 1 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Philomena M. Dane | | | Registration Number, if PAC | |
| Street Address 4250 Rowanne Rd | Employer/Occupation/Labor Organization* Attorney | | M D Y 0 1 2 7 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43214 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Donald Shackelford | | | Registration Number, if PAC | |
| Street Address 21 E State St STE 1400 | Employer/Occupation/Labor Organization* Fifth Third Bank | | M D Y 0 1 2 9 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor M/I Homes PAC | | | Registration Number, if PAC CPI 1203 | |
| Street Address 3 Easton Oval STE 500 | Employer/Occupation/Labor Organization* | | M D Y 0 1 2 7 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43219 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Jerry Hammond | | | Registration Number, if PAC | |
| Street Address 88 E Broad St STE 1770 | Employer/Occupation/Labor Organization* Hammond & Assoc. | | M D Y 0 1 2 0 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **1,750.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | |
|--|--|--------------------------|--|---------------------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | |
| Full Name of Contributor Nationwide Better Citizenship | | | Registration Number, if PAC OH 259 | |
| Street Address One Nationwide Plaza | Employer/Occupation/Labor Organization* | | M D Y 0 1 2 7 0 5 | Amount 500.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Warren W. Tyler | | | Registration Number, if PAC | |
| Street Address 3409 Seine St | Employer/Occupation/Labor Organization* Not Applicable | | M D Y 0 2 0 2 0 5 | Amount 250.00 |
| City Columbus | State O H | Zip Code 43221 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor United Steelworkers of America | | | Registration Number, if PAC LA 766 | |
| Street Address 777 Dearborn Park Ln STE J | Employer/Occupation/Labor Organization* | | M D Y 0 1 2 7 0 5 | Amount 500.00 |
| City Columbus | State O H | Zip Code 43085 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Carpenters Local Union No 200 | | | Registration Number, if PAC LA 787 | |
| Street Address 1545 Alum Creek Dr | Employer/Occupation/Labor Organization* | | M D Y 0 1 2 7 0 5 | Amount 500.00 |
| City Columbus | State O H | Zip Code 43209 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Chester Wilcox & Saxbe | | | Registration Number, if PAC OH 843 | |
| Street Address 65 E State St STE 1000 | Employer/Occupation/Labor Organization* | | M D Y 0 1 2 0 0 5 | Amount 1,000.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Carlile, Patchen & Murphy LLP | | | Registration Number, if PAC | |
| Street Address 366 E Broad St | Employer/Occupation/Labor Organization* Attorney | | M D Y 0 1 3 1 0 5 | Amount 1,000.00 |
| City Columbus | State O H | Zip Code 43215 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Robert Reed | | | Registration Number, if PAC | |
| Street Address 52 Whittier St | Employer/Occupation/Labor Organization* Attorney | | M D Y 0 1 2 7 0 5 | Amount 150.00 |
| City Columbus | State O H | Zip Code 43206 | Form(Cash,Check,etc) Check | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 3,900.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | |
|--|--|----------------------------|--------------------------------------|--|-------------------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | | |
| Full Name of Contributor Harrison W Smith | | | | Registration Number, if PAC | |
| Street Address 37 W Broad St | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43215 | Form(Cash,Check,etc) Check | | Amount 500.00 |
| Full Name of Contributor Jeffery L Brown | | | | Registration Number, if PAC | |
| Street Address 37 W Broad St | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43215 | Form(Cash,Check,etc) Check | | Amount 250.00 |
| Full Name of Contributor Adam Flato | | | | Registration Number, if PAC | |
| Street Address 136 E 64th St Apt 8-E | Employer/Occupation/Labor Organization* Georgetown | | M 0 | D 1 | Y 1 |
| City New York | State N | Zip Code Y 10021 | Form(Cash,Check,etc) Check | | Amount 250.00 |
| Full Name of Contributor Mark Rutkus | | | | Registration Number, if PAC | |
| Street Address 55 W Oakland Ave Apt 2 | Employer/Occupation/Labor Organization* N/A | | M 0 | D 2 | Y 0 |
| City Columbus | State O | Zip Code H 43201 | Form(Cash,Check,etc) Check | | Amount 35.00 |
| Full Name of Contributor Michael A Pirik | | | | Registration Number, if PAC | |
| Street Address 4299 Radmore Rd | Employer/Occupation/Labor Organization* City of Columbus | | M 0 | D 2 | Y 0 |
| City Upper Arlington | State O | Zip Code H 43220 | Form(Cash,Check,etc) Check | | Amount 250.00 |
| Full Name of Contributor Jackson B Reynolds | | | | Registration Number, if PAC | |
| Street Address 37 W Broad St | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43215 | Form(Cash,Check,etc) Check | | Amount 250.00 |
| Full Name of Contributor Vorys Sater Seymour and Pease llp | | | | Registration Number, if PAC OH 109 | |
| Street Address 52 E Gay St. | Employer/Occupation/Labor Organization* | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43215 | Form(Cash,Check,etc) Check | | Amount 250.00 |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,785.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | |
|--|---|----------------------------|-----------------------------|--------------------------------------|---------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | | |
| Full Name of Contributor Ben Zox | | | Registration Number, if PAC | | |
| Street Address 250 W Street | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43215 | Amount 250.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor John Gilligan | | | Registration Number, if PAC | | |
| Street Address 250 W Street | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43215 | Amount 250.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Jim Davidson | | | Registration Number, if PAC | | |
| Street Address 250 W Street | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43215 | Amount 250.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Richard Barnhart | | | Registration Number, if PAC | | |
| Street Address 250 W Street | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 1 | Y 2 |
| City Columbus | State O | Zip Code H 43215 | Amount 250.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor William Nolan | | | Registration Number, if PAC | | |
| Street Address 175 Cressingham | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 2 | Y 0 |
| City Powell | State O | Zip Code H 43065 | Amount 250.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Richard Rubenstein | | | Registration Number, if PAC | | |
| Street Address 5419 Nelsonia Pl | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 2 | Y 0 |
| City Columbus | State O | Zip Code H 43213 | Amount 250.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Lewis R Smoot Sr | | | Registration Number, if PAC | | |
| Street Address 3919 sunbury Rd | Employer/Occupation/Labor Organization* The Smoot Corp. | | M 0 | D 2 | Y 0 |
| City Columbus | State O | Zip Code H 43219 | Amount 1,000.00 | Form(Cash,Check,etc) Check | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 2,500.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | | |
|--|--|--------------------------|---|---------------|---------------|---------------------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | | | |
| Full Name of Contributor Coleman for Columbus Committee | | | Registration Number, if PAC | | | |
| Street Address 3886 North High St | Employer/Occupation/Labor Organization* | | M 0 | D 2 | Y 1 | Amount 250.00 |
| City Columbus | State O | Zip Code 43214 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor James Patrick Leahy | | | Registration Number, if PAC | | | |
| Street Address 3123 Dartford Trace | Employer/Occupation/Labor Organization* Leahy Associates | | M 0 | D 3 | Y 0 | Amount 100.00 |
| City Columbus | State O | Zip Code 43017 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Mental For Council | | | Registration Number, if PAC | | | |
| Street Address 3886 North High St | Employer/Occupation/Labor Organization* | | M 0 | D 3 | Y 0 | Amount 1,000.00 |
| City Columbus | State O | Zip Code 43214 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Fifth Third Bancorp PAC | | | Registration Number, if PAC C00290502 | | | |
| Street Address 38 Fountain Square Plaza | Employer/Occupation/Labor Organization* | | M 0 | D 2 | Y 2 | Amount 1,000.00 |
| City Cincinnati | State O | Zip Code 45202 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Gregory Comfort | | | Registration Number, if PAC | | | |
| Street Address 2275 Onandaga Dr. | Employer/Occupation/Labor Organization* EMH & T | | M 0 | D 3 | Y 0 | Amount 500.00 |
| City Columbus | State O | Zip Code 43221 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Nelson Kohman | | | Registration Number, if PAC | | | |
| Street Address 10039 Hollow Rd. | Employer/Occupation/Labor Organization* EMH & T | | M 0 | D 3 | Y 0 | Amount 500.00 |
| City Columbus | State O | Zip Code 43062 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor UFCW Local 1059 | | | Registration Number, if PAC #LA437 | | | |
| Street Address 4150 E Main St | Employer/Occupation/Labor Organization* | | M 0 | D 3 | Y 1 | Amount 250.00 |
| City Columbus | State O | Zip Code 43213 | Form(Cash,Check,etc) Check | | | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **3,600.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | | |
|--|--|----------------------------|--------------------------------------|---------------|----------------|-------------------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | | | |
| Full Name of Contributor Joyce Bushman | | | Registration Number, if PAC | | | |
| Street Address 125 Mackenzie Dr. | Employer/Occupation/Labor Organization* City of Columbus | | M 0 | D 3 | Y 18 | Amount 100.00 |
| City Pickerington | State O | Zip Code H 43147 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Street Address | | | M | D | Y | Amount |
| City | State O | Zip Code H | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Street Address | | | M | D | Y | Amount |
| City | State O | Zip Code H | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Street Address | | | M | D | Y | Amount |
| City | State O | Zip Code H | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Street Address | | | M | D | Y | Amount |
| City | State O | Zip Code H | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Street Address | | | M | D | Y | Amount |
| City | State O | Zip Code H | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Street Address | | | M | D | Y | Amount |
| City | State O | Zip Code H | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Street Address | | | M | D | Y | Amount |
| City | State O | Zip Code H | Form(Cash,Check,etc) Check | | | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

45.705.00

Total expenditures this event

12.583.25

Page Total \$ 100.00

| | |
|------------|----------------|
| Event Date | <u>1-27-05</u> |
| Page | <u>1</u> |

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | | | |
|--|--------------|--|--------------|---------------|---------------|---------------|---------------------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | | | | |
| To Whom Paid Postmaster | | | | M 0 | D 1 | Y 0 | Amount 629.00 |
| Address | | Purpose Stamps | | | | | |
| City | State | Zip Code | Check Number | | | | |
| | | | 2112 | | | | |
| To Whom Paid Tactacledge | | | | M 0 | D 1 | Y 1 | Amount 1,000.00 |
| Address 929 Harrison Ave., | | Purpose Consulting/ Fundraiser | | | | | |
| City | State | Zip Code | Check Number | | | | |
| Columbus | O H | 43215 | 2113 | | | | |
| To Whom Paid Franklin County Veterans Memorial | | | | M 0 | D 1 | Y 1 | Amount 200.00 |
| Address 300 W Broad St. | | Purpose Room rental deposit | | | | | |
| City | State | Zip Code | Check Number | | | | |
| Columbus | O H | 43215 | 2114 | | | | |
| To Whom Paid Toll House Jazz Band | | | | M 0 | D 1 | Y 2 | Amount 630.00 |
| Address 8879 Linksway Dr. | | Purpose Band for Event | | | | | |
| City | State | Zip Code | Check Number | | | | |
| Powell | O H | 43065 | 2117 | | | | |
| To Whom Paid Sodexho, INC. & Affiliates | | | | M 0 | D 1 | Y 1 | Amount 1,842.24 |
| Address 300 W Broad St. | | Purpose Catering | | | | | |
| City | State | Zip Code | Check Number | | | | |
| Columbus | O H | 43215 | 2124 | | | | |
| To Whom Paid Franklin County Veterans Memorial | | | | M 0 | D 1 | Y 1 | Amount 552.36 |
| Address 300 W Broad St. | | Purpose Rental of Room/ Insurance/ PA operator | | | | | |
| City | State | Zip Code | Check Number | | | | |
| Columbus | O H | 43215 | 2123 | | | | |
| To Whom Paid Tactacledge | | | | M 0 | D 2 | Y 2 | Amount 1,000.00 |
| Address 929 Harrison Ave., | | Purpose Consulting/ Fundraiser | | | | | |
| City | State | Zip Code | Check Number | | | | |
| Columbus | O H | 43215 | 2127 | | | | |

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

| |
|-------------------------------|
| Page Total \$ <u>5,853.60</u> |
|-------------------------------|

| | |
|------------|----------------|
| Event Date | <u>1-27-05</u> |
| Page | <u>2</u> |

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | | | |
|--|--|-------------------|---|--|-----------------------------|---|---------------------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | | | | |
| To Whom Paid TacticalEdge | | | | M | D | Y | Amount 1,979.15 |
| Address 929 Harrison Ave Ste 305 | | | | Purpose Invitatons /Graphic Design | | | |
| City Columbus | | State O | H | Zip Code 43215 | Check Number 2132 | | |
| To Whom Paid TacticalEdge | | | | M | D | Y | Amount 4,750.50 |
| Address 929 Harrison Ave Ste 305 | | | | Purpose Counsulting | | | |
| City Columbus | | State O | H | Zip Code 43215 | Check Number 2134 | | |
| To Whom Paid | | | | M | D | Y | Amount |
| Address | | | | Purpose | | | |
| City | | State | H | Zip Code | Check Number | | |
| To Whom Paid | | | | M | D | Y | Amount |
| Address | | | | Purpose | | | |
| City | | State | H | Zip Code | Check Number | | |
| To Whom Paid | | | | M | D | Y | Amount |
| Address | | | | Purpose | | | |
| City | | State | H | Zip Code | Check Number | | |
| To Whom Paid | | | | M | D | Y | Amount |
| Address | | | | Purpose | | | |
| City | | State | H | Zip Code | Check Number | | |
| To Whom Paid | | | | M | D | Y | Amount |
| Address | | | | Purpose | | | |
| City | | State | H | Zip Code | Check Number | | |

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

| | |
|---------------|-----------------|
| Page Total \$ | <u>6,729.65</u> |
|---------------|-----------------|